



# MEDI-CAL HEALTH CARE PROGRAM UPDATE MARCH 2007



## Reminder

This is a reminder to all eligibility staff that whenever changes are reported by a beneficiary, appropriate and immediate action must be taken to update LEADER. Results from recent state audits indicate that failure to act on or follow up on reported information is a consistent reason for audit errors. It is especially important to run SFU when the reported changes are income, property, change in family composition, or other health care coverage because it may impact the eligibility determination or the share of cost. LEADER's EDBC results, as well as MEDS eligibility status, must be reviewed by the case-carrying worker or designated staff to ensure all reported changes have been correctly updated in LEADER and that all required Notices of Action (NOAs) are mailed. The case-carrying Eligibility Worker is responsible for ensuring that LEADER and MEDS eligibility results are correct, based on the worker's determination of eligibility. As always, all changes must be documented in the LEADER Case Comments screen.

Reference: Medi-Cal Eligibility Manual, Section 50185

### FYI:

The 2007 Medi-Cal Income Level Chart is published on the reverse side of this form.

## REDETERMINATIONS FOR DISABLED PERSONS

Persons who are approved for Medi-Cal based upon disability are subject to the normal rules regarding annual redetermination. A person receiving Medi-Cal due to disability **MUST** complete the annual redetermination of eligibility in keeping with the SB 87 process. Failure to complete the redetermination and/or to provide any required documentation shall result in discontinuance of Medi-Cal benefits. **There are no special exemptions from this requirement for this group.**

Reference: Medi-Cal Eligibility Manual, Section 50189

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## MEDICARE SAVINGS PROGRAMS (MSP)

### Q & A

#### Q1.What is a Conditional Enrollee to Part A?

A Conditional Enrollee is an MSP applicant not currently receiving Medicare Part A. To receive MSP benefits, s/he must apply for conditional Medicare Part A at the Social Security office during the general enrollment period of January through March. If the applicant is found eligible, Medicare benefits will be approved effective the following July.

#### Q2.Is there a special form to refer the Medicare Part A applicants to the Social Security Administration (SSA)?

Yes, the Qualified Medicare Beneficiary (QMB) Referral, (MC 176 QMB-3) is used for that purpose.

#### Q3.Do we need to wait until July to process the Conditional Enrollee's MSP case?

No. Once the MC 176 QMB-3 is returned from SSA, complete the LEADER *Medicare Coverage Summary* screen in the Data Collection Subsystem. The Valid From date should be the date of the MC/MSP application. The Conditional Enrollee to Part A portion at the bottom of the screen must be completed. When the Conditional Enrollee to Part A field is answered "Y", the Date Applied, Verification, and Reason fields become mandatory. The date the Social Security office annotated on the MC 176 QMB-3 should be used in the Date Applied field. LEADER will approve the MSP case and send the beneficiary a NOA informing him/her that MSP benefits will begin the following July.

**Note:** The Medicare Claim Number field must be completed as soon as this information is available.

#### Q4.I noticed that when authorizing a Medi-Cal case of an individual who is currently receiving Medicare benefits, LEADER also authorizes MSP benefits. Since the applicant only applied for Medi-Cal, should I submit a LEADER service request?

No, this is correct. LEADER has been programmed to evaluate for MSP based on the applicant's Medicare information. When a person receiving Medicare Part A applies for Medi-Cal only, LEADER will automatically evaluate for MSP eligibility. In such instances, if the person is determined to be eligible for MSP along with Medi-Cal, LEADER will automatically authorize the MSP segment when the Medi-Cal segment is authorized.

#### Q5.I have a case in which the beneficiary applied for Medi-Cal and MSP. Why is the MSP segment failing when I authorize the Medi-Cal segment?

If the person applies for Medi-Cal and MSP and LEADER determines eligibility to both programs, you must authorize each segment individually. This is different from the situation described in Q4 above.



# 2007 MEDI-CAL INCOME LEVEL CHARTS

	1931(b)		TMC	Reg-M/C	Expanded Children's Percentage			Healthy Families	QMB and SLMB Programs			A&D	PICKLE
Family Size	MBSAC (12/04)	100% (4/07)	185% (2 <sup>nd</sup> 6 Mos) (4/07)	Maintenance Need Levels (MMNL)	100% (Age 6-19) (4/07)	133% (Age 1-6) (4/07)	200% (Pregnant & child to 1 Yr)(4/07)	250% (4/07)	100% QMB (4/07)	120% SLMB (4/07)	135% QI-1 (4/07)	100% (4/07)	Last SSI/SSP Check Received Between Multiplier
1	\$398	\$851	\$1,575	\$600	\$851	\$1,132	\$1,702	\$2,128	\$851	\$1,021	\$1,149	\$851	01/06-12/06....0.0319
2	\$653	\$1,141	\$2,111	*\$750	\$1,141	\$1,518	\$2,282	\$2,853	\$1,141	\$1,369	\$1,541	\$1,141	01/05-12/05....0.0701
3	\$808	\$1,431	\$2,648	\$934	\$1,431	\$1,903	\$2,862	\$3,578	\$1,431	\$1,717	\$1,932	\$1,431	01/04-12/04....0.0945
4	\$961	\$1,721	\$3,184	\$1,100	\$1,721	\$2,289	\$3,442	\$4,303	\$1,721	\$2,065	\$2,324	\$1,721	01/03-12/03 0.1131
5	\$1,094	\$2,011	\$3,721	\$1,259	\$2,011	\$2,675	\$4,022	\$5,028	\$2,011	\$2,413	\$2,715	\$2,011	01/02-12/02 0.1254
6	\$1,229	\$2,301	\$4,257	\$1,417	\$2,301	\$3,061	\$4,602	\$5,753	\$2,301	\$2,761	\$3,107	\$2,301	01/01-12/01 0.1476
7	\$1,350	\$2,591	\$4,794	\$1,550	\$2,591	\$3,446	\$5,182	\$6,478	\$2,591	\$3,109	\$3,498	\$2,591	01/00-12/00 0.1764
8	\$1,473	\$2,881	\$5,330	\$1,692	\$2,881	\$3,832	\$5,762	\$7,203	\$2,881	\$3,457	\$3,890	\$2,881	01/99-12/99 0.1957
9	\$1,591	\$3,171	\$5,867	\$1,825	\$3,171	\$4,218	\$6,342	\$7,928	\$3,171	\$3,805	\$4,281	\$3,171	01/98-12/98 0.2060
10	\$1,709	\$3,461	\$6,403	\$1,959	\$3,461	\$4,603	\$6,922	\$8,653	\$3,461	\$4,153	\$4,673	\$3,461	01/97-12/97 0.2223
Each Added Person	\$0-	\$290	\$537	* 2 Adults \$934	\$290	\$386	\$580	\$725	\$290	\$348	\$392	\$290	01/96-12/96 0.2443
				\$14									01/95-12/95 0.2634
													01/94-12/94 0.2835
													01/93-12/93 0.3016
													01/92-12/92 0.3220
													01/91-12/91 0.3462
													01/90-12/90 0.3797
													01/89-12/89 0.4075
													01/88-12/88 0.4303
													01/87-12/87 0.4533
													01/86-12/86 0.4603
													01/85-12/85 0.4765
													01/84-12/84 0.4942
													07/82-12/83 0.5113
													07/81-06/82 0.5450
													07/80-06/81 0.5908
													07/79-06/80 0.6420
													07/78-06/79 0.6743
													07/77-06/78 0.6941
													04/77-06/77 0.7112

<u>2007 SSI/SSP PAYMENT STANDARDS</u> INDEPENDENT LIVING ARRANGEMENT		<u>2007 MEDICARE PREMIUM</u>	<u>SGA DISABLED</u> (01/07) \$900	<u>AVERAGE PRIVATE PAY</u> (To determine Period of Ineligibility)	<u>2007 SSA COLA Multiplier</u>
<b>INDIVIDUAL</b> <u>01/01-12/31/07</u>		Part B \$93.50		1999 \$3,882	1.033
Aged/Disabled	\$856			2000 \$3,836	
Blind	\$921			2001 \$4,163	
Disabled Minor	\$742			2002 \$4,322	
<b>COUPLE</b> <u>01/01-12/31/07</u>		<u>2007 TB INCOME STANDARD</u> \$1,331	<u>A&amp;D FPL DEDUCTIONS</u> Individual \$ 230 Spouse Couple 01/01/07-03/31/07 \$ 402 04/01/07-12/31/07 \$ 361	2003 \$4,415	<u>2007 FEDERAL BENEFIT RATE (FBR)</u> Individual (ABD) \$623 Couple (ABD) \$934
Both	\$1,502			2004 \$4,477	
Aged/Disabled				2005 \$4,812	
Both Blind	\$1,729			2006 \$5,031	
Blind/Aged/Disabled	\$1,644				
		<u>INCOME CONVERSION FACTOR</u> (All Programs)		<u>2007 QMB/SLMB/Q1</u>	<u>2007 LONG TERM CARE BUDGET FACTORS</u>
		Weekly X 4.33		SSI Standard Allocation \$311	CSRA Limit \$101,640
		Bi-Weekly (every 2 weeks) X 2.167		"Any Income" Deduction \$ 20	Community Spouse Maintenance \$ 2,541
					Need
					Dependent Relative Allowance \$ 1,604
					Home Maintenance Allowance \$ 209
					Shared Home Maintenance Allowance \$ 138
					Maintenance Need \$ 35